



Illinois Deaf and Hard
of Hearing Commission

Board for Evaluation of Interpreters (BEI)

Performance Test Application

BEI (The following information includes testing in Illinois and other states)

First Attempt

Retake

If retake:
Date?

If retake:
In what state?

Applicant Information

Name:

Maiden/Previous Name:

Birth Date:

Street Address:

City:

State:

Zip Code:

County:

Daytime Phone Number:

Email Address:

Are you planning to interpret in the education K-12 setting?

☐ Yes

☐ No

Qualifying Questions

1. Have you passed the BEI Test of English Proficiency (TEP)? A copy your of TEP results is required.

☐ Yes No

If Yes, date?

State?

2. Are you at least 18 years old?

Yes

No

3. Have you graduated from high school or passed the GED?

☐ Yes

☐ No

BEI Performance Tests

See the [IL BEI Manual](#) Section 5.5 to know the requirements and which test you are eligible to take.

☐ **Basic** (\$250 Fee) **AND** attach a copy of your TEP results.

☐ **Advanced** (\$275 Fee) **AND** attach a copy of TEP results & current **qualifying** certification (see [Section 5.5](#)).

☐ **Master** (\$300 Fee) **AND** attach a copy of TEP results & current **qualifying** certification (see [Section 5.5](#)).

Out of State Resident (\$35 Additional Fee). If you reside outside the state of Illinois, you must check this box.

Fee and Submittal Instructions

1. Complete and sign the form on page two.

2. Attach a copy of your documentation.

(See required documentation in section above for **Basic**, **Advanced**, or **Master**)

3. Pay Your Performance Test Fee (\$35 Additional Fee for Out of State Resident):

Make an electronic payment via Illinois ePay →

(Url: <https://magic.collectorsolutions.com/magic-ui/Login/il-dhhc>)

4. Submit the Application:

Click on the [blue icon](#) on the bottom of form to submit your completed application and documentation (prompted to submit from your email).

Scheduling Testing Appointment

All testing will be conducted at the IDHHC office in Springfield, Illinois.

Once IDHHC receives and processes the fee and application form, IDHHC will send the candidates an acknowledgement and information regarding scheduling a testing appointment. All correspondence will be sent via email unless applicant requests otherwise.

Further information regarding the performance test can be found on IDHHC's website: [BEI Certification & Testing](#).

Signature

I attest that all information provided in this application is accurate and true and agree to abide by the [IL BEI Manual](#) or the Illinois Interpreter for the Deaf Licensure Act of 2007 which requires anyone providing interpreting services to have a license (certification is not a license to practice interpreting). I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant's Signature*:

Date:

X _____

*Use [Fill & Sign](#) tool and select [Sign Yourself](#) to insert your signature on X.

This application is incomplete without the applicant's signature.

I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE.

Illinois Deaf and Hard of Hearing Commission

528 South 5th Street, Suite 209

Springfield, Illinois 62701

Voice: (217) 557-4495 | Fax (217) 557-4492

Video Phone: (217) 303-8010

TTY: (888) 261-2698

DHH.Interpreter@Illinois.gov

www.idhhc.illinois.gov